



Senate

General Assembly

File No. 426

February Session, 2014

Substitute Senate Bill No. 413

Senate, April 8, 2014

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING MEDICAL ORDERS FOR LIFE-
SUSTAINING TREATMENT.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (*Effective from passage*) (a) The Commissioner of Public
2 Health may, within available appropriations, establish a pilot program
3 in one or more geographic areas in the state to implement the use of
4 medical orders for life-sustaining treatment by health care providers.
5 For purposes of this section: (1) "Medical order for life-sustaining
6 treatment" means a written medical order by a physician, advanced
7 practice registered nurse or physician assistant to effectuate a patient's
8 request for life-sustaining treatment when the patient has been
9 determined by a physician to be approaching the end stage of a
10 serious, life-limiting illness or is in a condition of advanced, chronic
11 progressive frailty; and (2) "health care provider" means any person,
12 corporation, limited liability company, facility or institution operated,
13 owned or licensed by this state to provide health care or professional
14 medical services, or an officer, employee or agent thereof acting in the

15 course and scope of his or her employment.

16 (b) The Commissioner of Public Health may establish an advisory
17 group of health care providers and consumer advocates to make
18 recommendations concerning the pilot program described in this
19 section. The members of such advisory group may include one or
20 more: (1) Physicians; (2) advanced practice registered nurses; (3)
21 physician assistants; (4) emergency medical service providers; (5)
22 patient advocates, including, but not limited to, advocates for persons
23 with disabilities; (6) hospital representatives; or (7) long-term care
24 facility representatives.

25 (c) Prior to commencement of the pilot program pursuant to this
26 section, said commissioner may contact a representative of each health
27 care institution, as defined in section 19a-490 of the general statutes, a
28 representative of each emergency medical service organization, as
29 defined in section 19a-175 of the general statutes, any physician
30 licensed under chapter 370 of the general statutes, any advanced
31 practice registered nurse licensed under chapter 378 of the general
32 statutes and any physician assistant licensed under chapter 370 of the
33 general statutes in the geographic area in which the commissioner
34 intends to establish the pilot program to request such institution's,
35 organization's, physician's, advanced practice registered nurse's or
36 physician assistant's participation in the pilot program. Participation
37 by each institution, organization, physician, advanced practice
38 registered nurse or physician assistant shall be voluntary.

39 (d) Patient participation in the pilot program shall be voluntary.
40 Any agreement to participate in the pilot program shall be made in
41 writing, signed by the patient or the patient's legally authorized
42 representative. Such agreement shall be maintained by the health care
43 institution, emergency medical services organization, physician,
44 advanced practice registered nurse or physician assistant that
45 presented such agreement to the patient and shall be made available to
46 the commissioner upon request.

47 (e) Notwithstanding the provisions of sections 19a-495 and 19a-580d

48 of the general statutes, and regulations adopted thereunder, the
49 Commissioner of Public Health shall implement policies and
50 procedures for any pilot program established in accordance with this
51 section to ensure that: (1) Medical orders for life-sustaining treatment
52 are transferrable among, and recognized by, various types of health
53 care institutions; (2) any procedures and forms developed for
54 recording medical orders for life-sustaining treatment require the
55 signature of the patient or the patient's legally authorized
56 representative on the medical order for life-sustaining treatment and
57 the patient or the patient's legally authorized representative is given a
58 copy of any such order immediately after signing such order; (3) prior
59 to requesting the signature of the patient or the patient's legally
60 authorized representative on such order, the physician, advanced
61 practice registered nurse or physician assistant writing the medical
62 order discusses with the patient or the patient's legally authorized
63 representative the patient's goals for care and treatment and the
64 benefits and risks of various methods for documenting the patient's
65 wishes for end-of-life treatment, including medical orders for life-
66 sustaining treatment; and (4) each physician, advanced practice
67 registered nurse or physician assistant that intends to write a medical
68 order for life-sustaining treatment receives training concerning: (A)
69 The importance of talking with patients about their personal treatment
70 goals; (B) methods for presenting choices for end-of-life care that elicit
71 information concerning patients' preferences and respects those
72 preferences without directing patients toward a particular option for
73 end-of-life care; (C) the importance of fully informing patients about
74 the benefits and risks of an immediately effective medical order for
75 life-sustaining treatment; (D) awareness of factors that may affect the
76 use of medical orders for life-sustaining treatment, including but not
77 limited to: Race, ethnicity, age, gender, socioeconomic position,
78 immigrant status, sexual minority status, language disability,
79 homelessness, mental illness and geographic area of residence; and (E)
80 procedures for properly completing and effectuating medical orders
81 for life-sustaining treatment.

82 (f) After the termination of any pilot program established pursuant

83 to this section, said commissioner shall submit a report, in accordance
 84 with the provisions of section 11-4a of the general statutes, to the
 85 Governor and the joint standing committee of the General Assembly
 86 having cognizance of matters relating to public health concerning the
 87 pilot program.

88 (g) Said commissioner may implement policies and procedures
 89 necessary to implement the pilot program while in the process of
 90 adopting such policies and procedures in regulation form, in
 91 accordance with chapter 54 of the general statutes, provided the
 92 commissioner holds a public hearing prior to implementing such
 93 policies and procedures and prints notice of the intent to adopt
 94 regulations in the Connecticut Law Journal not later than twenty days
 95 after the date of implementation of such policies and procedures.
 96 Policies implemented pursuant to this section shall be valid until the
 97 time final regulations are adopted or until the pilot program
 98 terminates, whichever occurs earlier.

99 (h) Any pilot program established in accordance with this section
 100 shall terminate not later than October 1, 2016.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In section 1(a)(2), "medical" was inserted before "services" for clarity.

PH

Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

There is no fiscal impact to the Department of Public Health (DPH) by allowing it to establish a pilot program in one or more geographic areas to implement Medical Orders for Life-Sustaining Treatment (MOLST) and establish an advisory group. An advisory group led by DPH¹ already exists and can assist in the development of a possible pilot program. Should this pilot program be implemented, participation is voluntary under the bill and enforcement can be accommodated within DPH's existing inspection and complaint process for health care institutions.

The Out Years

State Impact: None

Municipal Impact: None

¹This advisory group includes the Department of Developmental Services and the Office of Protection and Advocacy for Persons with Disabilities.

OLR Bill Analysis

sSB 413

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SUMMARY:

The Office of Legislative Research does not analyze Special Acts.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 1 (03/21/2014)